



UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	4680 US
	First Inventor	Paul O. Ramstad
	Title	Loading Features for Channel Array
	Express Mail Label No.	EL 897 625 715 US

 1970 U.S. PTO
 10 661201
 09/12/03

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
---	---

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification (Total Pages <u>27</u>) (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) (Total Sheets <u>9</u>) 5. Oath or Declaration (Total Pages <u>3</u>) a. <input checked="" type="checkbox"/> Unexecuted Declaration b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached detailing inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76.	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy (CRF) b. Specified Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Certified Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____
--	---

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. 1 filed

Prior application information:

Examiner: _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	22896	<input type="checkbox"/> Correspondence address below
Name	Phil N. Makrogianis	
Address	Applied Biosystems 850 Lincoln Centre Drive	
City	Foster City	State California
Country	US	Zip Code 94404
Telephone	650-570-6667	Fax 650-638-6677

Name (Print/Type)	Phil N. Makrogianis	Registration No. (Attorney/Agent)	47,766
Signature		Date	September 12, 2003

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Compl te if Known

Application Number	To be assigned
Filing Date	September 12, 2003 (herewith)
First Named Inventor	Paul O. Ramstad
Examiner Name	To be assigned
Group Art Unit	To be assigned
Attorney Docket No.	4680 US

TOTAL AMOUNT OF PAYMENT (\$) 1,044.00

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:
- Deposit Account Number 01-2213
- Deposit Account Name Applied Biosystems
- ☒ Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:
☐ Check ☐ Credit card ☐ Money ☐ Other Order

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity Fee Fee Fee Fee	Fee Description	Fee Paid
Code (\$) Code (\$) Code (\$) Code (\$)		
1001 750 2001 375	Utility filing fee	\$750.00
1002 330 2002 165	Design filing fee	
1003 520 2003 260	Plant filing fee	
1004 750 2004 375	Reissue filing fee	
1005 160 2005 80	Provisional filing fee	
SUBTOTAL (1)		(\$) 750.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
27	-20-- 7	x 18	\$126.00
5	-3 -- 2	x 84	168.00
Multiple Dependents			0

*or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity Fee Fee Fee Fee	Fee Description
Code (\$) Code (\$) Code (\$) Code (\$)	
1202 18 2202 9	Claims in excess of 20
1201 84 2201 42	Independent claims in excess of 3
1203 280 2203 140	Multiple dependent claim, if not paid
1204 84 2204 42	** Reissue independent claims over original patent
1205 18 2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 294.00

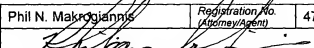
FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Fee Fee Fee	Fee Description	Fee Paid
Code (\$) Code (\$) Code (\$) Code (\$)		
1051 130 2051 65	Surcharge - late filing fee or oath	
1052 50 2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130 1053 130	Non-English specification	
1812 2520 1812 2520	For filing a request for ex parte reexamination	
1804 920* 1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1840* 1805 1840*	Requesting publication of SIR after Examiner action	
1251 110 2251 55	Extension for reply within first month	
1252 410 2252 205	Extension for reply within second month	
1253 930 2253 465	Extension for reply within third month	
1254 1450 2254 725	Extension for reply within fourth month	
1255 1970 2255 985	Extension for reply within fifth month	
1401 320 2401 160	Notice of Appeal	
1402 320 2402 160	Filing a brief in support of an appeal	
1403 280 2403 140	Request for oral hearing	
1451 1510 1451 1510	Petition to institute a public use proceeding	
1452 110 2452 55	Petition to revive - unavoidable	
1453 1300 2453 650	Petition to revive - unintentional	
1501 1300 2501 650	Utility Issue fee (or reissue)	
1502 470 2502 235	Design issue fee	
1503 630 2503 315	Plant issue fee	
1480 130 1480 130	Petitions to the Commissioner	
1807 50 1807 50	Petitions related to provisional applications	
1806 180 1806 180	Submission of Information Disclosure Stmt	
8021 40 8021 40	Recording each patent assignment per property (times number of properties)	
1809 750 2809 375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750 2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750 2801 375	Request for Continued Examination (RCE)	
1802 900 1802 900	Request for expedited examination of a design application	
Other fee (specify) _____		
* Reduced by Basic Filing Fee Paid		
SUBTOTAL (3)		(\$) 0

SUBMITTED BY

Name (Print/Type)	Phil N. Makrogiannis	Registration No. (Attorney/Agent)	47,766	Telephone	650-554-2164
Signature		Date	September 12, 2003		

Complete (if applicable)

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.